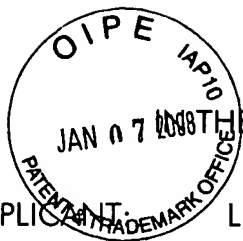




TFW

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		<b>Application Number</b>	10/765,371
		<b>Filing Date</b>	January 27, 2004
		<b>First Named Inventor</b>	L. Alma Jessop, et al.
		<b>Group Art Unit</b>	3673
		<b>Examiner Name</b>	Michael Safavi
<b>Total Number of Pages in this Submission (including this sheet)</b>	4	<b>Attorney Docket No.</b>	3764.CFS.NP

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check for \$____ <input type="checkbox"/> Credit card authorization for \$____ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input checked="" type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:	<b>Remarks</b>
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT</b>			
<b>Attorney for Applicant</b> Paul C. Oestreich, Registration No. 44,983 MORRISS O'BRYANT COMPAGNI, P.C. 734 East 200 South Salt Lake City, Utah 84102 (801) 478-0071 telephone; (801) 478-0076 facsimile			
<b>Signature</b>		<b>Date</b>	01-03-08
<b>CERTIFICATE OF MAILING UNDER 37 CFR § 1.8</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or Printed Name Paul C. Oestreich			
<b>Signature</b>		<b>Date</b>	01-03-08



THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: L. Alma Jessop, et al.

SERIAL NO.: 10/765,371

FILING DATE: January 27, 2004

TITLE: CONCRETE FORM SYSTEMS

ART UNIT: 3673

EXAMINER: MICHAEL SAFAVI

DOCKET NO.: 3764.CFS.NP

CERTIFICATE OF MAILING  
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Paul C. Oestreich

01-03-08

Date of Deposit

STATUS INQUIRY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant has not yet received the original Letters Patent following payment of the Issue Fee for the above-referenced application on April 30, 2007. A copy of the Issue Fee Transmittal is enclosed, along with a copy of the return postcard which was received at the USPTO on May 4, 2007. Status of the application is hereby requested.

DATED this 3<sup>RD</sup> day of January, 2008.

Respectfully submitted,

Paul C. Oestreich  
Attorney for Applicant  
Registration No. 44,983  
MORRIS O'BRYANT COMPAGNI, P.C.  
734 East 200 South  
Salt Lake City, Utah 84102  
(801) 478-0071 telephone  
(801) 478-0076 facsimile

Enclosure: Copy of Issue Fee Transmittal and Postcard

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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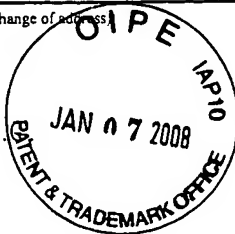
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04/05/2007

MORRIS O'BRYANT COMPAGNI, P  
 734 EAST 200 SOUTH  
 SALT LAKE CITY, UT 84102



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Paul C. Oestreich	(Depositor's name)
<i>[Signature]</i>	(Signature)
04-30-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,371	01/27/2004	L. Alma Jessop	3764.CFS.NP	1573

TITLE OF INVENTION: CONCRETE FORM SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAFAVI, MICHAEL	3673	052-745090

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MORRIS

2 O'BRYANT

3 COMPAGNI

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CACTUS HOLDINGS, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEHI, UTAH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0881 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 04-30-07

Typed or printed name Paul C. Oestreich

Registration No. 44,983

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

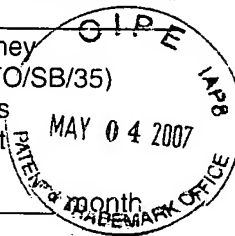
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File No.: 3764.CFS.NP  
Serial No.: 10/765,371 Atty: PCO  
Date of Mailing: April 30, 2007

Please acknowledge receipt of:

- ☐ Application Transmittal Sheet
- ☐ Application ( \_\_\_\_\_ pages)
  - ☐ Patent (PT, NP) ☐ Provisional ☐ Design
- ☐ Drawings ( \_\_\_\_\_ sheets; Figs \_\_\_\_\_ )
- ☐ Fee Transmittal Sheet
- ☒ Check in the amount of \$ 1,000
- ☐ Credit Card Authorization \$ \_\_\_\_\_
- ☐ Declaration & Power of Attorney
- ☐ Non-Publication Request (PTO/SB/35)
- ☐ IDS, PTO 1449 & References
- ☐ Assignment with Cover Sheet
- ☐ CPA Transmittal Form
- ☐ Extension of Time Petition: \_\_\_\_\_ month
- ☒ Issue Fee Transmittal
- ☐ Maintenance Fee Transmittal: \_\_\_\_\_ year
- ☐ Request for Continued Examination
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